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ONABOTULINUMTOXIN A INJECTION INTO THE EXTERNAL URETHRAL SPHINCTER FOR VOIDING DYSFUNCTION DUE TO HIGH TONE NON RELAXING SPHINCTER IN FEMALES: A TERTIARY CENTRE EXPERIENCE

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Objective:

We have examined the functional outcomes of onabotulinumtoxin A (Botox A) injections into the external urethral sphincter (EUS) for VD due to DU, DA or HTNRS in females.

Method:

A retrospective analysis of a prospectively maintained database was performed. All patients with urodynamic finding of HTNRS (maximal urethral closure pressure (MUCP) > 92 – age in years), DU or DA receiving their first Botox A intraurethral injection between 1/1/15 and 30/11/19 were included. All patients were evaluated with pre-operative videourodynamic study (VUDS) and urethral pressure profilometry (UPP). All patients were followed up with maximum free flow (Q Max), post void residuals (PVR) and PGI-I (Patient global impression of improvement) Scale at 3 months post injection.

Results:

34 females of mean age 37.6 (years received their first intraurethral Botox A injection during this period. Median follow up duration was 18 months. 20 patients had VUDS diagnosed BOO and 14 had DA. The mean MUCP was 97.1(range 48- 146) cmH₂O with a mean expected MUCP of 56 cmH₂O (P= 0.005).

There were no significant adverse events other than transient SUI in 2 (6%).

On multivariate analysis patients with high pre-operative MUCP (> 100 cmH₂O) were more likely to have improved Q Max, reduction in CISC and PVR.

(Table attached)

Conclusion:

Botox A injection to the EUS in women with VD due to HTNRS /DU or DA is a valid treatment option considering therapeutic options are limited with a 70% response rate and a significant reduction in the need to CISC.